

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101660112  
FILING DATE

APPLICANT(S)

3/30/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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10  
9  
TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS